

HERNDON POLICE
CITIZEN COMPLAINT FORM

COMPLAINANT: FILL OUT 1 THROUGH 7 – PLEASE PRINT

1. YOUR NAME: _____

2. YOUR ADDRESS: _____

PHONE # (H) _____ PHONE # (W) _____

3. LOCATION OF INCIDENT: _____

4. DETAILS OF COMPLAINT: _____

5. NAME(S) OF POLICE OFFICER(S) EMPLOYEE(S) INVOLVED:

BADGE NO: _____

BADGE NO: _____

6. WITNESS NAME: _____ PHONE #(H) _____ (W) _____

ADDRESS: _____

7. SIGNATURE OF COMPLAINANT: _____

8. RECEIVED BY: _____ DATE: _____ TIME: _____

DISTRIBUTION:

ORIGINAL: CHIEF OF POLICE

COPY: DIVISION COMMANDER